

Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp

CALIFORNIA
2001/02
FORM

COVER PAGE
460

Page 1 of 75

For Official Use Only

Statement covers period

from 04/01/2018

through 06/30/2018

Date of election if applicable:
(Month, Day, Year)

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1,2,3, and 4.

- ☐ Officeholder, Candidate Controlled Committee
☐ State Candidate Election Committee
☐ Recall

(Also Complete Part 5.)

- ☐ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee

- ☒ Ballot Measure Committee
☒ Primary Formed
☐ Controlled
☒ Sponsored

(Also Complete Part 6.)

- ☐ Primary Formed Candidate/
Officeholder Committee
(Also Complete Part 7.)

2. Type of Statement:

- ☐ Pre-election Statement
☒ Semi-annual Statement
☐ Termination Statement
☐ Amendment (Explain below)

- ☐ Quarterly Statement
☐ Special Odd-Year Report
☐ Supplemental Preelection
Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1399974

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Sacramento	CA	95814	(916)442-7757

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX/E-MAIL ADDRESS

(916) 442-7759 / fppc@bmhlaw.com

Treasurer(s)

NAME OF TREASURER

Thomas W. Hiltachk

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Sacramento	CA	95814	(916) 442-7757

NAME OF ASSISTANT TREASURER, IF ANY

Ashlee N. Titus

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Sacramento	CA	95814	(916) 442-7757

OPTIONAL: FAX/E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 07/31/2018 By Thomas W. Hiltachk
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC
State of California

Recipient Committee Campaign Statement Cover Page – Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA
FORM **460**

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME

I.D.NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME

I.D.NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

Proposition 8

BALLOT NO. OR LETTER

JURISDICTION

8

Statewide

☐ SUPPORT

☒ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period		CALIFORNIA FORM 460
from	04/01/2018	
through	06/30/2018	Page 3 of 75
I.D. NUMBER 1399974		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	\$5,587,500.00	\$6,753,000.00
2. Loans Received	Schedule B, Line 7	\$0.00	\$0.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$5,587,500.00	\$6,753,000.00
4. Nonmonetary Contributions	Schedule C, Line 3	\$567,966.00	\$567,966.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$6,155,466.00	\$7,320,966.00

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contribution Received	\$0.00	\$0.00
21. Expenditures Made	\$0.00	\$0.00

Expenditures Made

6. Payments Made	Schedule E, Line 4	\$2,370,394.55	\$2,857,156.37
7. Loans Made	Schedule H, Line 7	\$0.00	\$0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$2,370,394.55	\$2,857,156.37
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	\$82,785.32	\$323,764.62
10. Nonmonetary Adjustment	Schedule C, Line 3	\$567,966.00	\$567,966.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$3,021,145.87	\$3,748,886.99

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy) Total to Date

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$1,085,011.09	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).
13. Cash Receipts	Column A, Line 3 above	\$5,587,500.00	
14. Miscellaneous Increases to Cash	Schedule I, Line 4	\$0.00	
15. Cash Payments	Column A, Line 8 above	\$2,370,394.55	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$4,302,116.54	
If this is a termination statement, Line 16 must be zero.			

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2 \$0.00

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	\$0.00
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$323,764.62

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

Schedule A

Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from	04/01/2018	
through	06/30/2018	Page 4 of 75

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council

I.D. Number
1399974

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
4/3/2018	Fresenius Medical Care North America Newton, KS 67114	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$487,500.00	\$3,894,466.00	
5/29/2018	Fresenius Medical Care North America Newton, KS 67114	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,500,000.00	\$3,894,466.00	
6/1/2018	DaVita Washington, DC 20001 Committee ID: 1257183	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,500,000.00	\$3,326,500.00	
6/11/2018	American Renal Management LLC Beverly, MA 01915	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100,000.00	\$100,000.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

SUBTOTAL \$5,587,500.00

Schedule A Summary

1. Amount received this period - contributions of \$100 or more.

(Include all Schedule A subtotals.) \$5,587,500.00

2. Amount received this period - unitemized contributions of less than \$100 \$0.00

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL** \$5,587,500.00

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

FPPC Form 460 (JUNE/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule B – Part 1 Loans Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1

Statement covers period
from 04/01/2018
through 06/30/2018

CALIFORNIA
FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council

I.D. NUMBER

1399974

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		 RATE % 		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		 RATE % 		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		 RATE % 		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	

SUBTOTALS

Schedule B Summary

1. Loans received this period. _____

(Total Column (b) plus unitemized loans less than \$100.)

2. Loans paid or forgiven this period _____

(Total Column (c) plus loans under \$100 paid or forgiven.)

(Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) _____ **Net** _____

Enter the net here and on the Summary Page, Column A, Line 2.

(may be a negative number)

(Enter (e) on
Schedule E, Line 3)

* Amounts forgiven or paid by
another party also must be
reported on Schedule A.

** If required.

*Contributor Codes

IND-Individual COM-Recipient Committee (other than PTY or SCC) OTH-Other PTY-Political Party SCC-Small Contributor Committee

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule B - Part 2

Loan Guarantors

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 2

Statement covers period from 04/01/2018 through 06/30/2018	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER DATE		CALENDAR YEAR PER ELECTION (IF REQUIRED)	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER DATE		CALENDAR YEAR PER ELECTION (IF REQUIRED)	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER DATE		CALENDAR YEAR PER ELECTION (IF REQUIRED)	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER DATE		CALENDAR YEAR PER ELECTION (IF REQUIRED)	
SUBTOTAL					Enter on Summary Page, Line 17 only.	

Schedule C Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period from <u>04/01/2018</u> through <u>06/30/2018</u>	CALIFORNIA FORM 460
	Page <u>7</u> of <u>75</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council

I.D. Number
1399974

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
6/27/2018	Fresenius Medical Care North America Newton, KS 67114 Memo Reference: NON265	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		In-kind contribution for consulting/coalition services	\$567,966.00	\$3,894,466.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$567,966.00

Schedule C Summary

1. Amount received this period - nonmonetary contributions of \$100 or more.

(Include all Schedule C subtotals.)..... \$567,966.00

2. Amount received this period - unitemized nonmonetary contributions of less than \$100

\$0.00

3. Total nonmonetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL** \$567,966.00

*Contributor Codes

IND - Individual
COM- Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule D

Summary of Expenditures

Supporting/Opposing Other

Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period		SCHEDULE D	
from	04/01/2018	CALIFORNIA FORM 460	
through	06/30/2018	Page 8 of 75	
NAME OF FILER No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council		I.D. NUMBER 1399974	

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL					
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Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.)
- Unitemized contributions and independent expenditures made this period of under \$100
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL**

Schedule E Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period from 04/01/2018 through 06/30/2018	CALIFORNIA FORM 460
Page 9 of 75	I.D. NUMBER 1399974

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Bell, McAndrews & Hiltachk, LLP Sacramento, CA 95814	PRO			\$22,937.76
Littler Mendelson P.C. San Francisco, CA 94104	PRO			\$4,613.75
Bicker, Castillo & Fairbanks Sacramento, CA 95814			CVC, OFC, WEB, TRS	\$17,847.12

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$2,370,394.55
2. Unitemized payments made this period of under \$100.	\$0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$0.00
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$2,370,394.55

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 04/01/2018		
through 06/30/2018		Page 10 of 75
NAME OF FILER No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council		I.D. NUMBER 1399974

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Bicker, Castillo & Fairbanks Sacramento, CA 95814	CNS			\$45,000.00
Winner & Mandabach Campaigns Santa Monica, CA 90401	CNS			\$45,000.00
Bask Digital Media, LLC San Diego, CA 92101	WEB			\$10,200.00
Bask Digital Media, LLC San Diego, CA 92101	WEB			\$10,000.00
Kim Marquardt Gualala, CA 95445	LIT			\$400.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
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to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 04/01/2018		
through 06/30/2018		Page 11 of 75
NAME OF FILER No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council		I.D. NUMBER 1399974

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Jay Hansen Sacramento, CA 95811	CNS			\$12,000.00
Jay Hansen Sacramento, CA 95811	TRS			\$804.99
Pelote Strategic Consulting & Advocacy Sacramento, CA 95864	CNS			\$5,000.00
Pete Conaty & Associates Northlake, TX 76226	CNS			\$3,000.00
Alexandra Rooker West Sacramento, CA 95691	CNS			\$10,000.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
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to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	04/01/2018	
through 06/30/2018		Page 12 of 75
NAME OF FILER No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council		I.D. NUMBER 1399974

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

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FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Alexandra Rooker West Sacramento, CA 95691	TRS			\$827.25
Andrew Russell Sacramento, CA 95811	TRS			\$408.93
Andrew Russell Sacramento, CA 95811	CNS			\$5,000.00
AC Public Affairs, Inc. Sacramento, CA 95814	CNS			\$10,000.00
Berkeley Research Group, LLC Emeryville, CA 94608	CNS			\$6,302.37

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	04/01/2018	
through 06/30/2018		Page 13 of 75
NAME OF FILER No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council		I.D. NUMBER 1399974

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
California Republican Party Sacramento, CA 95814	MTG			\$10,000.00
Committee ID: 810163 Amplified Strategies, Inc. Seattle, WA 98112	POL			\$55,773.00
Winner & Mandabach Campaigns Santa Monica, CA 90401	TEL			\$37,570.00
Winner & Mandabach Campaigns Santa Monica, CA 90401	CNS			\$6,630.00
Metropolis Media Group, Inc. Los Angeles, CA 90028	TEL			\$42,647.00

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 04/01/2018		
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NAME OF FILER No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council		I.D. NUMBER 1399974

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Bell, McAndrews & Hiltachk, LLP Sacramento, CA 95814	PRO			\$45,161.02
Bicker, Castillo & Fairbanks Sacramento, CA 95814	CNS			\$52,500.00
Bicker, Castillo & Fairbanks Sacramento, CA 95814			OFC, LIT, POS, TRS, WEB	\$13,132.12
Winner & Mandabach Campaigns Santa Monica, CA 90401			OFC, TRS	\$989.98
Winner & Mandabach Campaigns Santa Monica, CA 90401	CNS			\$52,500.00

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SUBTOTAL

**Schedule E
(Continuation Sheet)
Payments Made**

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to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	04/01/2018	
through 06/30/2018		Page 15 of 75
NAME OF FILER No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council		I.D. NUMBER 1399974

SEE INSTRUCTIONS ON REVERSE

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
AC Public Affairs, Inc. Sacramento, CA 95814	CNS			\$10,000.00
Alexandra Rooker West Sacramento, CA 95691	TRS			\$954.32
Alexandra Rooker West Sacramento, CA 95691	CNS			\$10,000.00
Jay Hansen Sacramento, CA 95811	TRS			\$1,851.12
Jay Hansen Sacramento, CA 95811	CNS			\$12,000.00

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	04/01/2018	
through 06/30/2018		Page 16 of 75
NAME OF FILER No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council		I.D. NUMBER 1399974

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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Andrew Russell Sacramento, CA 95811	TRS			\$1,134.20
Andrew Russell Sacramento, CA 95811	CNS			\$5,000.00
Pelote Strategic Consulting & Advocacy Sacramento, CA 95864	CNS			\$12,500.00
Pete Conaty & Associates Northlake, TX 76226	CNS			\$3,000.00
Forward Observer, Inc. Sacramento, CA 95811	CNS			\$10,000.00

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 04/01/2018		
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NAME OF FILER No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council		I.D. NUMBER 1399974

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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Researched Media and Messaging, LLC Las Vegas, NV 89148	CNS			\$20,000.00
Berkeley Research Group, LLC Emeryville, CA 94608	TRS			\$884.62
Berkeley Research Group, LLC Emeryville, CA 94608	CNS			\$9,190.13
Berkeley Research Group, LLC Emeryville, CA 94608	CNS			\$143,833.20
Bask Digital Media, LLC San Diego, CA 92101	WEB			\$15,000.00

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 04/01/2018		
through 06/30/2018		Page 18 of 75
NAME OF FILER No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council		I.D. NUMBER 1399974

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Bask Digital Media, LLC San Diego, CA 92101	WEB			\$10,200.00
Bask Digital Media, LLC San Diego, CA 92101	WEB			\$15,000.00
Bask Digital Media, LLC San Diego, CA 92101	WEB			\$50,000.00
Amplified Strategies, Inc. Seattle, WA 98112	POL			\$54,222.00
Team Amvets Department of California Tulare, CA 93274	CMP			\$200.00

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 04/01/2018		
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NAME OF FILER No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council		I.D. NUMBER 1399974

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Bell, McAndrews & Hiltachk, LLP Sacramento, CA 95814	PRO			\$61,026.30
Winner & Mandabach Campaigns Santa Monica, CA 90401	CNS			\$60,000.00
Winner & Mandabach Campaigns Santa Monica, CA 90401		OFC, TRS		\$4,332.70
Fairbank Maslin Maullin, Metz & Associates, Inc. Oakland, CA 94612	POL			\$79,750.00
Berkeley Research Group, LLC Emeryville, CA 94608	CNS			\$36,930.75

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	04/01/2018	
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NAME OF FILER No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council		I.D. NUMBER 1399974

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Berkeley Research Group, LLC Emeryville, CA 94608			OFC, TRS	\$5,128.24
Forward Observer, Inc. Sacramento, CA 95811	CNS			\$20,000.00
Pete Conaty & Associates Northlake, TX 76226	CNS			\$3,000.00
Jay Hansen Sacramento, CA 95811	CNS			\$9,000.00
Jay Hansen Sacramento, CA 95811	TRS			\$1,769.77

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 04/01/2018		
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NAME OF FILER No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council		I.D. NUMBER 1399974

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council

I.D. NUMBER
1399974

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Bicker, Castillo & Fairbanks Sacramento, CA 95814	CNS			\$60,000.00
Bicker, Castillo & Fairbanks Sacramento, CA 95814		OFC, TRS, WEB		\$7,551.88
Alexandra Rooker West Sacramento, CA 95691	CNS			\$10,000.00
Alexandra Rooker West Sacramento, CA 95691	TRS			\$171.60
Andrew Russell Sacramento, CA 95811	CNS			\$5,000.00

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 04/01/2018		
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NAME OF FILER No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council		I.D. NUMBER 1399974

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Andrew Russell Sacramento, CA 95811	TRS			\$731.03
Matthew Canty Sacramento, CA 95814	CNS			\$4,500.00
Tanner Kelly Sacramento, CA 95814	CNS			\$4,500.00
Centaur North Strategies Fullerton, CA 92832	CNS			\$15,000.00
AC Public Affairs, Inc. Sacramento, CA 95814	CNS			\$10,000.00

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 04/01/2018		
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NAME OF FILER No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council		I.D. NUMBER 1399974

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Pelote Strategic Consulting & Advocacy Sacramento, CA 95864	CNS			\$15,000.00
Cerrell Associates, Inc. Los Angeles, CA 90004	CNS			\$10,000.00
Kim Marquardt Gualala, CA 95445	LIT			\$450.00
Bask Digital Media, LLC San Diego, CA 92101	WEB			\$87,225.00
Bask Digital Media, LLC San Diego, CA 92101	WEB			\$10,200.00

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	04/01/2018	
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NAME OF FILER No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council		I.D. NUMBER 1399974

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Bask Digital Media, LLC San Diego, CA 92101	WEB			\$13,850.00
Bell, McAndrews & Hiltachk, LLP Sacramento, CA 95814	TRS			\$462.40
Bask Digital Media, LLC San Diego, CA 92101	WEB			\$700,000.00
Target Enterprises, LLC Sherman Oaks, CA 91403	TEL			\$223,600.00

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SUBTOTAL \$2,370,394.55

Schedule F Accrued Expenses (Unpaid Bills)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE F

Statement covers period
from 04/01/2018
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council

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1399974

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IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Alexandra Rooker West Sacramento, CA 95691	TRS	\$827.25	\$0.00	\$827.25	\$0.00
Andrew Russell Sacramento, CA 95811	CNS	\$5,000.00	\$0.00	\$5,000.00	\$0.00
Alexandra Rooker West Sacramento, CA 95691	CNS	\$10,000.00	\$0.00	\$10,000.00	\$0.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTALS

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)..... **INCURRED TOTALS** \$323,764.62
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)..... **PAID TOTALS** \$240,979.30
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)..... **NET** \$82,785.32
May be a negative number.

Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period
from 04/01/2018
through 06/30/2018

CALIFORNIA
FORM 460

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NAME OF FILER
No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council

I.D. NUMBER
1399974

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

*Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Andrew Russell Sacramento, CA 95811	TRS	\$408.93	\$0.00	\$408.93	\$0.00
Jay Hansen Sacramento, CA 95811	CNS	\$12,000.00	\$0.00	\$12,000.00	\$0.00
Jay Hansen Sacramento, CA 95811	TRS	\$804.99	\$0.00	\$804.99	\$0.00
Pelote Strategic Consulting & Advocacy Sacramento, CA 95864	CNS	\$5,000.00	\$0.00	\$5,000.00	\$0.00

SUBTOTALS

**Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)**

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period
from 04/01/2018
through 06/30/2018

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FORM 460**

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NAME OF FILER
No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council

I.D. NUMBER
1399974

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

*Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Littler Mendelson P.C. San Francisco, CA 94104	PRO	\$4,613.75	\$0.00	\$4,613.75	\$0.00
Winner & Mandabach Campaigns Santa Monica, CA 90401	CNS	\$45,000.00	\$0.00	\$45,000.00	\$0.00
AC Public Affairs, Inc. Sacramento, CA 95814	CNS	\$10,000.00	\$0.00	\$10,000.00	\$0.00
Pete Conaty & Associates Northlake, TX 76226	CNS	\$3,000.00	\$0.00	\$3,000.00	\$0.00

SUBTOTALS

**Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)**

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period
from 04/01/2018
through 06/30/2018

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FORM 460**

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NAME OF FILER
No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council

I.D. NUMBER
1399974

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
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NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Berkeley Research Group, LLC Emeryville, CA 94608	CNS	\$6,302.37	\$0.00	\$6,302.37	\$0.00
Kim Marquardt Gualala, CA 95445	LIT	\$400.00	\$0.00	\$400.00	\$0.00
Metropolis Media Group, Inc. Los Angeles, CA 90028	TEL	\$42,647.00	\$0.00	\$42,647.00	\$0.00
Bicker, Castillo & Fairbanks Sacramento, CA 95814	CNS	\$45,000.00	\$0.00	\$45,000.00	\$0.00

SUBTOTALS

**Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)**

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period
from 04/01/2018
through 06/30/2018

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NAME OF FILER
No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council

I.D. NUMBER
1399974

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

*Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Bicker, Castillo & Fairbanks Sacramento, CA 95814	CVC, OFC, WEB, TRS	\$17,847.12	\$0.00	\$17,847.12	\$0.00
Berkeley Research Group, LLC Emeryville, CA 94608	CNS	\$9,190.13	\$0.00	\$9,190.13	\$0.00
Cerrell Associates, Inc. Los Angeles, CA 90004	CNS	\$0.00	\$10,000.00	\$0.00	\$10,000.00
Forward Observer, Inc. Sacramento, CA 95811	CNS	\$0.00	\$20,000.00	\$0.00	\$20,000.00
SUBTOTALS					

Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE F (CONT.)

Statement covers period
from 04/01/2018
through 06/30/2018

CALIFORNIA
FORM **460**

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NAME OF FILER
No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council

I.D. NUMBER
1399974

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

*Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Bell, McAndrews & Hiltachk, LLP Sacramento, CA 95814	PRO	\$0.00	\$25,930.14	\$0.00	\$25,930.14
Berkeley Research Group, LLC Emeryville, CA 94608	CNS	\$0.00	\$4,595.18	\$0.00	\$4,595.18
Winner & Mandabach Campaigns Santa Monica, CA 90401	CNS	\$0.00	\$60,000.00	\$0.00	\$60,000.00
Winner & Mandabach Campaigns Santa Monica, CA 90401	TRS	\$0.00	\$4,248.53	\$0.00	\$4,248.53

SUBTOTALS

Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE F (CONT.)

Statement covers period
from 04/01/2018
through 06/30/2018

CALIFORNIA
FORM 460

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NAME OF FILER

No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council

I.D. NUMBER
1399974

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LIT campaign literature and mailings

MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads

RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, email)

*Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Winner & Mandabach Campaigns Santa Monica, CA 90401	TEL	\$0.00	\$39,015.00	\$0.00	\$39,015.00
Pete Conaty & Associates Northlake, TX 76226	CNS	\$0.00	\$3,000.00	\$0.00	\$3,000.00
Andrew Russell Sacramento, CA 95811	CNS	\$0.00	\$5,000.00	\$0.00	\$5,000.00
Matthew Canty Sacramento, CA 95814	CNS	\$0.00	\$4,500.00	\$0.00	\$4,500.00

SUBTOTALS

Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE F (CONT.)

Statement covers period
from 04/01/2018
through 06/30/2018

CALIFORNIA
FORM **460**

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NAME OF FILER

No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council

I.D. NUMBER
1399974

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

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NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Tanner Kelly Sacramento, CA 95814	CNS	\$0.00	\$4,500.00	\$0.00	\$4,500.00
Alexandra Rooker West Sacramento, CA 95691	CNS	\$0.00	\$10,000.00	\$0.00	\$10,000.00
Jay Hansen Sacramento, CA 95811	CNS	\$0.00	\$6,000.00	\$0.00	\$6,000.00
AC Public Affairs, Inc. Sacramento, CA 95814	CNS	\$0.00	\$10,000.00	\$0.00	\$10,000.00

SUBTOTALS

**Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)**

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period
from 04/01/2018
through 06/30/2018

CALIFORNIA FORM 460
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NAME OF FILER
No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council

I.D. NUMBER
1399974

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
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Centaur North Strategies Fullerton, CA 92832	CNS	\$0.00	\$15,000.00	\$0.00	\$15,000.00
Pelote Strategic Consulting & Advocacy Sacramento, CA 95864	CNS	\$0.00	\$15,000.00	\$0.00	\$15,000.00
Bask Digital Media, LLC San Diego, CA 92101	WEB	\$0.00	\$161.28	\$0.00	\$161.28
Bicker, Castillo & Fairbanks Sacramento, CA 95814	CNS	\$0.00	\$60,000.00	\$0.00	\$60,000.00
SUBTOTALS					

**Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)**

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period
from 04/01/2018
through 06/30/2018

CALIFORNIA FORM 460
Page 34 of 75

NAME OF FILER No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council	I.D. NUMBER 1399974
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CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
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LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
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Bicker, Castillo & Fairbanks Sacramento, CA 95814	LIT, MTG, OFC, POS, TRS, WEB,	\$0.00	\$26,814.49	\$0.00	\$26,814.49
Bell, McAndrews & Hiltachk, LLP Sacramento, CA 95814	PRO	\$22,937.76	\$0.00	\$22,937.76	\$0.00
SUBTOTALS		\$240,979.30	\$323,764.62	\$240,979.30	\$323,764.62

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

Statement covers period
from 04/01/2018
through 06/30/2018

CALIFORNIA
FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council

I.D. NUMBER
1399974

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Access Media Services

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Comcast Alpharetta, GA 30005	TEL			\$189,890.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$189890.00

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
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through	06/30/2018	Page 36 of 75

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council

I.D. NUMBER
1399974

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Alexandra Rooker

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Southwest Airlines Dallas, TX 75235	TRS			\$474.36
Southwest Airlines Dallas, TX 75235	TRS			\$479.96

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$954.32

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
from	04/01/2018	
through	06/30/2018	Page 37 of 75

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council

I.D. NUMBER
1399974

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Amplified Strategies, Inc.

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Luce Research Colorado Springs, CO 80919	POL			\$17,000.00
L2 Bothell, WA 98011	POL			\$4,291.00
Voice Broadcasting Corporation Arlington, TX 76010	POL			\$6,117.00
Winner & Mandabach Campaigns Santa Monica, CA 90401	CNS			\$8,365.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$35773.00

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

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NAME OF FILER

No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council

I.D. NUMBER
1399974

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Andrew Russell

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Southwest Airlines Dallas, TX 75235	TRS			\$479.96
Sheraton Universal Hotel Universal City, CA 91608	TRS			\$251.07
Southwest Airlines Dallas, TX 75235	TRS			\$311.96
Southwest Airlines Dallas, TX 75235	TRS			\$474.36

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$1517.35

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Schedule G

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NAME OF FILER

No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council

I.D. NUMBER
1399974

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Bask Digital Media, LLC

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CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
IQM Corporation New York, NY 10018	WEB			\$18,687.00
Google, Inc. Mountain View, CA 94043	WEB			\$127,017.82
Fox & Hounds Sacramento, CA 95825	WEB			\$858.04
Flash Report Newport Beach, CA 92660	WEB			\$1,050.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$147612.86

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Facebook, Inc. Menlo Park, CA 94025	WEB			\$196,957.81
Capitol Morning Report Sacramento, CA 95814	WEB			\$1,600.00
Agility Digital, Inc. South Jordan, UT 84095	WEB			\$17,121.77
Adobe System, Inc. San Jose, CA 95110	WEB			\$35,299.35

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$250978.93

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No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council

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Bask Digital Media, LLC

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Los Angeles Times Los Angeles, CA 90012	WEB			\$600.00
GoDaddy Scottsdale, AZ 85260	WEB			\$161.28
Twitter, Inc. San Francisco, CA 94103	WEB			\$22,695.35
Sacramento Bee Sacramento, CA 95816	WEB			\$13,526.27

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$36982.90

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Schedule G

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No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council

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1399974

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Bask Digital Media, LLC

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Rough & Tumble Sacramento, CA 95825	WEB			\$1,512.00
Phunware, Inc. Austin, TX 78757	WEB			\$19,281.00
Open California Sacramento, CA 95814	WEB			\$7,000.00
Media IQ New York, NY 10003	WEB			\$18,533.60

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$46326.60

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Schedule G

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No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council

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NAME OF AGENT OR INDEPENDENT CONTRACTOR

Bell, McAndrews & Hiltachk, LLP

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
American Airlines Fort Worth, TX 76155	TRS			\$462.40
Hooper, Lundy & Bookman, P.C. Los Angeles, CA 90067	PRO			\$14,422.50

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$14884.90

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Schedule G

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No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council

I.D. NUMBER
1399974

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Berkeley Research Group, LLC

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CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
American Airlines Fort Worth, TX 76155	TRS			\$8.99
UBER San Francisco, CA 94103	TRS			\$29.42
UBER San Francisco, CA 94103	TRS			\$33.10
United Airlines, Inc. Chicago, IL 60606	TRS			\$1,138.40

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$1209.91

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Schedule G

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No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council

I.D. NUMBER
1399974

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Berkeley Research Group, LLC

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
UBER San Francisco, CA 94103	TRS			\$32.65
Kimpton Sawyer Hotel Sacramento, CA 95814	TRS			\$786.21
Kimpton Sawyer Hotel Sacramento, CA 95814	TRS			\$758.68
American Airlines Fort Worth, TX 76155	TRS			\$860.60

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TOTAL* \$2438.14

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No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council

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Berkeley Research Group, LLC

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
American Airlines Fort Worth, TX 76155	TRS			\$12.00
American Airlines Fort Worth, TX 76155	TRS			\$12.00
United Airlines, Inc. Chicago, IL 60606	TRS			\$11.99

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TOTAL* \$35.99

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No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council

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NAME OF AGENT OR INDEPENDENT CONTRACTOR

Bicker, Castillo & Fairbanks

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Google, Inc. Mountain View, CA 94043	WEB			\$5.00
FedEx Office Plano, TX 75024	OFC			\$650.00
West Unified Communication Services, Inc. Chicago, IL 60631	OFC			\$405.37
Southwest Airlines Dallas, TX 75235	TRS			\$523.96

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TOTAL* \$1584.33

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
UBER San Francisco, CA 94103	TRS			\$29.52
Southwest Airlines Dallas, TX 75235	TRS			\$1,057.98
Think, Inc. El Dorado Hills, CA 95762		LIT, POS		\$1,184.23
Kimpton Sawyer Hotel Sacramento, CA 95814	TRS			\$12.00

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TOTAL* \$2283.73

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to whole dollars.

SCHEDULE G

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NAME OF FILER

No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council

I.D. NUMBER
1399974

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Bicker, Castillo & Fairbanks

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
West Unified Communication Services, Inc. Chicago, IL 60631	OFC			\$899.63
Sacramento Courtyard Marriott Cal Expo Sacramento, CA 95815	TRS			\$180.00
Courtyard by Marriott San Diego Mission Valley San Diego, CA 92108	TRS			\$2,635.00
Southwest Airlines Dallas, TX 75235	TRS			\$523.96

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$4238.59

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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Amounts may be rounded
to whole dollars.

SCHEDULE G

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NAME OF FILER

No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Southwest Airlines Dallas, TX 75235	TRS			\$261.98
Southwest Airlines Dallas, TX 75235	TRS			\$261.98
Southwest Airlines Dallas, TX 75235	TRS			\$261.98
Southwest Airlines Dallas, TX 75235	TRS			\$261.98

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$1047.92

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Schedule G

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
UBER San Francisco, CA 94103	TRS			\$36.55
UBER San Francisco, CA 94103	TRS			\$8.00
Southwest Airlines Dallas, TX 75235	TRS			\$261.98
UBER San Francisco, CA 94103	TRS			\$12.45

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$318.98

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FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
UBER San Francisco, CA 94103	TRS			\$5.00
UBER San Francisco, CA 94103	TRS			\$5.00
UBER San Francisco, CA 94103	TRS			\$11.88
UBER San Francisco, CA 94103	TRS			\$78.38

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TOTAL* \$100.26

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Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council

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UBER San Francisco, CA 94103	TRS			\$5.00
Ambrosia Cafe & Catering Sacramento, CA 95814	TRS			\$198.53
Google, Inc. Mountain View, CA 94043	WEB			\$7.50
UBER San Francisco, CA 94103	TRS			\$91.22

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$302.25

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FPPC Form 460 (June/01)
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Schedule G

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
UBER San Francisco, CA 94103	TRS			\$12.75
UBER San Francisco, CA 94103	TRS			\$12.75
UBER San Francisco, CA 94103	TRS			\$17.71
FedEx Office Plano, TX 75024	OFC			\$2,080.11

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$2123.32

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FPPC Form 460 (June/01)
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Schedule G

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SCHEDULE G

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
UBER San Francisco, CA 94103	TRS			\$14.58
Southwest Airlines Dallas, TX 75235	TRS			\$47.00
UBER San Francisco, CA 94103	TRS			\$7.30
UBER San Francisco, CA 94103	TRS			\$2.00

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TOTAL* \$70.88

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Schedule G

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SCHEDULE G

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No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
American Airlines Fort Worth, TX 76155	TRS			\$627.20
American Airlines Fort Worth, TX 76155	TRS			\$159.20
Think, Inc. El Dorado Hills, CA 95762		LIT, POS		\$1,130.86
FedEx Office Plano, TX 75024	OFC			\$17.25

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TOTAL* \$1934.51

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Schedule G

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FedEx Office Plano, TX 75024	OFC			\$30.00
UBER San Francisco, CA 94103	TRS			\$7.86
West Unified Communication Services, Inc. Chicago, IL 60631	OFC			\$779.24
Ambrosia Cafe & Catering Sacramento, CA 95814	TRS			\$272.90

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TOTAL* \$1090.00

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Schedule G

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Ambrosia Cafe & Catering Sacramento, CA 95814	TRS			\$94.83
UBER San Francisco, CA 94103	TRS			\$13.32
FedEx Office Plano, TX 75024	OFC			\$37.50
American Airlines Fort Worth, TX 76155	TRS			\$267.00

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TOTAL* \$412.65

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American Airlines Fort Worth, TX 76155	TRS			\$64.61
Southwest Airlines Dallas, TX 75235	TRS			\$506.96
Grand Hyatt Dallas, TX 75261	TRS			\$47.89
FedEx Office Plano, TX 75024	OFC			\$135.75

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TOTAL* \$755.21

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Courtyard Oakland Emeryville by Marriott Emeryville, CA 94608	TRS			\$2,760.00
Carl Costas Productions, LLC Roseville, CA 95661	OFC			\$2,300.00
Sacramento Courtyard Marriott Cal Expo Sacramento, CA 95815	TRS			\$1,646.83
Southwest Airlines Dallas, TX 75235	TRS			\$16.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$6722.83

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council

I.D. NUMBER
1399974

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Bicker, Castillo & Fairbanks

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Google, Inc. Mountain View, CA 94043	WEB			\$10.00
Courtyard by Marriott San Diego Mission Valley San Diego, CA 92108	TRS			\$303.75
Courtyard by Marriott Ontario Rancho Cucamonga Rancho Cucamonga, CA 91730	TRS			\$338.88
Courtyard by Marriott San Diego Mission Valley San Diego, CA 92108	TRS			\$857.23

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$1509.86

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Courtyard by Marriott Ontario Rancho Cucamonga Rancho Cucamonga, CA 91730	TRS			\$1,875.05
Courtyard Los Angeles Burbank Airport Burbank, CA 91504	TRS			\$3,199.13
Southwest Airlines Dallas, TX 75235	TRS			\$8.00
Think, Inc. El Dorado Hills, CA 95762		LIT, POS		\$1,156.74

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$6238.92

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Schedule G

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No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Ambrosia Cafe & Catering Sacramento, CA 95814	TRS			\$22.50

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TOTAL* \$22.50

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Schedule G

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NAME OF AGENT OR INDEPENDENT CONTRACTOR

Chris Mottola Consulting, Inc.

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Young Buck's Production Services, Inc. Aldan, PA 19018	TEL			\$5,624.00
Alkemy X Philadelphia, PA 19106	TEL			\$26,975.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$32599.00

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Schedule G

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No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council

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NAME OF AGENT OR INDEPENDENT CONTRACTOR

Jay Hansen

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Sheraton Universal Hotel Universal City, CA 91608	TRS			\$30.80
Southwest Airlines Dallas, TX 75235	TRS			\$261.98
Southwest Airlines Dallas, TX 75235	TRS			\$249.12
Southwest Airlines Dallas, TX 75235	TRS			\$523.96

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$1065.86

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Schedule G

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Sheraton Universal Hotel Universal City, CA 91608	TRS			\$12.00
Southwest Airlines Dallas, TX 75235	TRS			\$239.98
Sheraton Universal Hotel Universal City, CA 91608	TRS			\$265.32
Sheraton Universal Hotel Universal City, CA 91608	TRS			\$415.17

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$932.47

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Target Enterprises, LLC

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Winner & Mandabach Campaigns Santa Monica, CA 90401	TEL			\$33,540.00
Access Media Services Redondo Beach, CA 90277	TEL			\$189,890.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$223430.00

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Schedule G

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Winner & Mandabach Campaigns

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
American Airlines Fort Worth, TX 76155	TRS			\$352.60
Grand Hyatt Dallas, TX 75261	TRS			\$460.41
Grand Hyatt Dallas, TX 75261	TRS			\$443.40
Grand Hyatt Dallas, TX 75261	TRS			\$460.41

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TOTAL* \$1716.82

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
American Airlines Fort Worth, TX 76155	TRS			\$2,416.41
American Airlines Fort Worth, TX 76155	TRS			\$12.00
American Airlines Fort Worth, TX 76155	TRS			\$352.60
American Airlines Fort Worth, TX 76155	TRS			\$2,416.41

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TOTAL* \$5197.42

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Chris Mottola Consulting, Inc. North Hollywood, CA 91602	TEL			\$33,163.00
Chris Mottola Consulting, Inc. North Hollywood, CA 91602	TEL			\$37,570.00
American Airlines Fort Worth, TX 76155	TRS			\$316.97
The Westin Sacramento Sacramento, CA 95822	TRS			\$651.32

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TOTAL* \$71701.29

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
UBER San Francisco, CA 94103	TRC			\$21.97
UBER San Francisco, CA 94103	TRS			\$29.54
Southwest Airlines Dallas, TX 75235	TRC			\$489.96
Kimpton Sawyer Hotel Sacramento, CA 95814	TRC			\$297.48

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TOTAL* \$838.95

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Winner & Mandabach Campaigns

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FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
UBER San Francisco, CA 94103	TRC			\$28.18

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$28.18

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
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Schedule H – Loans Made to Others*

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE H

Statement covers period
from 04/01/2018
through 06/30/2018

CALIFORNIA
FORM 460

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council

I.D. NUMBER
1399974

FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		_____ % RATE		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		_____ % RATE		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.			SUBTOTALS					

(Enter (e) on
Schedule I, Line 3)

Schedule H Summary

1. Loans made this period
(Total Column (b) plus unitemized loans less than \$100.)

2. Payments received on loans
(Total Column (c) plus unitemized payments less than \$100.)

3. Net change this period. (Subtract Line 2 from Line 1.)
(Enter the net here and on the Summary Page, Column A, Line 7.)

NET (May be a negative number)

** If Required

Schedule I

Miscellaneous Increases to Cash

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE I

Statement covers period

from 04/01/2018

through 06/30/2018

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council

I.D. NUMBER

1399974

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$.00

Schedule I Summary

- Increases to cash of \$100 or more this period..... \$.00
- Unitemized increases to cash under \$100 this period..... \$.00
- Total of all interest received this period on loans made to others. (Schedule H, Column (e).)..... \$.00
- Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)..... **TOTAL** \$.00

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Memo Reference: NON265

In-kind contribution for consulting/coalition services